

Base Coverage

	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,800	
Calendar Year Deductible - Family Coverage	\$3,000	
Coinsurance/Co-payment Maximum - Individual Coverage	\$2,500	\$4,000
Coinsurance/Co-payment Maximum - Family Coverage	\$5,000	\$8,000

Under Base Coverage, there is no separate deductible for prescription drugs. If you have employee only coverage, you must meet the individual deductible (\$1,800) before the Plan begins paying benefits for medical and/or prescription drugs. For employees with dependent/family coverage, there is no individual deductible or coinsurance/co-payment maximum; rather, the family deductible (\$3,000) must be met before any benefits (medical and/or prescription drugs) will be paid.

After the appropriate deductible (\$1,800 or \$3,000) under Base Coverage has been met, the Plan will pay 80% of allowable charges for covered medical services when you use participating providers. Prescription drug co-payments will apply after the deductible is met.

Once an individual with employee only coverage has paid the coinsurance/co-payment maximum (\$2,500 or \$4,000), benefits will be paid at 100% of the allowable charge. For participants with family coverage, benefits will be paid at 100% of the allowable charge after the family coinsurance/co-payment maximum (\$5,000 or \$8,000) has been met.

The State pays 100% of the active employee premium for employees enrolled in Base Coverage.

Select Coverage

	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,000	\$2,000
Calendar Year Deductible - Family Coverage	\$2,000	\$4,000
Individual Medical Coinsurance Maximum	\$2,500	\$3,500
Individual Prescription Drug Deductible	\$75	

Under Select Coverage, there are separate deductibles for medical and prescription drug benefits. The prescription drug benefit deductible (\$75) is applied on an individual basis, regardless as to whether the employee has employee only or family coverage. Once a covered individual has met his/her prescription drug deductible, co-payments (\$12, \$45, or \$70) will apply.

If you have employee only coverage, you must meet the individual deductible (\$1,000) before the Plan begins paying benefits for covered medical services. For employees with dependent/family coverage, all covered participants in the family will have satisfied their medical deductibles once a family has paid the family deductible (\$2,000 or \$4,000).

After the appropriate deductible has been met, the Plan will pay 80% of allowable charges for covered medical services when you use participating providers. Once the individual medical coinsurance maximum is met, benefits will pay at 100% of the allowable charge for all covered medical services for that individual. There is no family coinsurance maximum under Select Coverage. The prescription drug deductible and co-payment amounts will not apply toward the medical calendar year deductible or coinsurance maximum.